

\$1,000,000
Amount of policy at time of loss

12/26/2004
Date Issued

12/26/2005
Date Expires



- ☒ Fireman's Fund Insurance Company
☐ The American Insurance Company
☐ National Surety Insurance Company
☐ Associated Indemnity Insurance Company
☐ American Automobile Insurance Company

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New York, NY
Agency at

The Mogil Organization
Agent

To the Fireman's Fund Insurance Company . At time of loss, by the above indicated policy of insurance you insured: Sinclair CS Beecham c/o Pret A Manger against loss by risk of physical loss to property described under the above indicated policy number according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and Origin:** A water damage loss occurred about the hour of _____ o'clock a.m., on the 2nd day of April, 2005 . The cause of origin of the said loss were: A pipe broke in a unit above the insured's causing water damage to the insured's property.
2. **Occupancy:** The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: as intended.
3. **Title and Interest:** At the time of the loss the interest of your insured in the property described therein was: owner. No other person or persons had any interest therein or encumbrance thereon, except: no exceptions
4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: exceptions
5. **Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of the loss \$1,000,000.00, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.
6. **Full Replacement Cost** of the said property at the time of loss was
7. **The Full Cost of Repair or Replacement** is \$28,350
8. **Applicable Depreciation** is
9. **Actual Cash Value loss** is (line 7 minus line 8) \$28,350
10. **Less deductibles and/or participation by the insured** \$1,000
☒ Partial Payment ☐ Final Payment
11. **Actual Cash Value Claim** is (line 9 minus line 10) \$27,350
12. **Supplemental Claim**, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within _____ days from date of loss as shown above, will not exceed ...
(This figure will be that portion of the amounts shown on lines 8 and 10 which is recoverable)

The said loss did NOT originate by any act, design or procurement on the part of the Insured of this affiant ;nothing has been done by or with the privity or consent of the Insured or this affiant to violate the conditions of this policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were in the building damaged or destroyed, and belonging to, and in possession of the said insured at time of said loss; no property saved has been in any manner concealed, and no attempt to deceive the said Company, as to the extent of said loss, has in any manner been made. In consideration of the payment made, the Insured hereby subrogates the Company to all rights, title and interest in and to the property for which claim is being made to the extent of such payment. Any other information that may be required will be furnished on call and considered a part of these Proofs. It is expressly understood and agreed, that the furnishing of this blank to the insured or the preparing of Proofs by an adjuster, or any agent of the company named herein is not a waiver of any rights of said Company.

Town of Putney
State of _____
City of London
County of _____

X

X

Insured

Subscribed and sworn to before me this 23rd day of September 15 2005

Notary Public

S. M. THORNTON

P0815